

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 002 ***550.00

DOCUMENT # H98053

1. Entity Name

PINE BAR GROVE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5104 18th Avenue E

3. Mailing Address
c/o E C Marshall

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200- South Orange Avenue

DO NOT WRITE IN THIS SPACE

City & State
Bradenton, FL

City & State
Sarasota, FL

4. FEI Number
59-2641453

Applied For
☐ Not Applicable

Zip
34208

Country
Manatee

Zip
34236

Country
Sarasota

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
E C Marshall

Street Address (P.O. Box Number is Not Acceptable)
200 South Orange Avenue

City
Sarasota

FL **Zip Code**
34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	HALL, MARY LOUISE	5104 18TH AVE. E. BRADENTON, FL 34208
	D	HALL, ROGER W.	5101 18TH AVE. E. BRADENTON, FL 34208

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)